

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Delavan Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 905 E Geneva St Delavan, WI 53115	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</p> <p>Based on observations, interviews, and record review, the facility did not establish and maintain an infection prevention and control program based upon current standards of practice, designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>This deficient practice has the potential to affect all 36 residents.</p> <p>* The facility's Water Management Plan (WMP) was not based on current standards of practice and did not:</p> <ul style="list-style-type: none"> - Reflect changes in program members - Include the Infection Preventionist (IP) - Identify control measures based on where Legionella could grow and spread and identify how to monitor the control measures and risks - Identify acceptable ranges of control limits and corrective actions to take when control limits are not met <p>* The facility did not implement Enhanced Barrier Precautions (EBP) for 1 resident (R13) when R13 required EBP as recommended by the Center for Disease Control (CDC) and per the facility's policy.</p> <p>Findings include:</p> <p>Water Management Plan (WMP)</p> <p>The facility's policy titled Infection Prevention and Control Program with a last review date of 07/23/2024, documents in part, .16. Water Management: a. A water management program has been established as part of the overall infection prevention and control program. b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems. c. The Maintenance Director serves as the leader of the water management program.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The 06/24/2021 CDC Toolkit, titled: Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings identifies the key elements of a water management program for healthcare facilities to include:</p> <ol style="list-style-type: none"> 1. Establish a water management program team 2. Describe the building water systems using text and flow diagrams 3. Identify areas where Legionella could grow and spread 4. Decide where control measures should be applied and how to monitor them 5. Establish ways to intervene when control limits are not met 6. Make sure the program is running as designed and is effective 7. Document and communicate all the activities <p>The CDC toolkit identifies locations in a building's water system where Legionella can grow and spread to include but not limited to:</p> <ul style="list-style-type: none"> ~Hot and cold water storage tanks ~Water heaters ~Water Filters ~Electronic and manual faucets ~Aerators ~Shower heads and hoses ~Pipes, valves and fittings ~Infrequently used equipment including eye wash stations ~Ice machines ~Hot tubs <p>The CDC toolkit identifies factors internal to buildings that can lead to Legionella growth to include:</p> <ul style="list-style-type: none"> ~Biofilm (microorganisms that are adhered to surface and form a protective slime layer, like the inside of plumbing system) ~Scale and sediment <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~Water temperature fluctuations: Provides conditions where Legionella grows best (77 -108 F)</p> <p>~Water pressure changes</p> <p>~PH (measurement of acidity or alkalinity of a solution on a scale 0 to 14)</p> <p>~Inadequate disinfectant: Does not kill or inactivate Legionella</p> <p>~Water stagnation: Encourages biofilm growth and reduces temperature and levels of disinfectant</p> <p>The Wisconsin State Plumbing Code, Chapter SPS 382.50(3)(b)6, requires a nursing home's hot water system to be installed and maintained to provide bacterial control by one of the following methods:</p> <p>~Water stored and circulation initiated at a minimum of 140 F and with a return of a minimum of 124 F. This standard is best practice even considering the facility was built prior to May 2003 and grandfathered to meet requirement.</p> <p>~Water chlorinated at 2mg/L residual</p> <p>~Another disinfection system approved by the department</p> <p>1.) Surveyor reviewed the facility's document titled, LEGIONELLA WATER MANAGEMENT PLAN, date of plan review 02/28/2024, which documents that the WMP team consists of Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Director of Maintenance (DM)-D, and Business Office Manager. Surveyor noted the facility's WMP team did not include the Infection Preventionist (IP) and that in the Describe Your Building Water Systems section it simply documents, Using Text.</p> <p>Surveyor reviewed the facility's document titled, LEGIONELLA WATER MANAGEMENT PLAN, date of plan review is 02/09/2023, which documents the WMP team consists of NHA-A, DON-B, former Director of Maintenance, and former Business Office Manager. Surveyor again noted that this previous version of the plan also did not include the IP.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor noted the facility's document states the following, II. Describe Your Building Water System Water from the city enters the building in two areas, the director of nursing closet and the therapy office closet. The water in the DON office goes through a water softener. Cold water is sent throughout the building overhead and drops down to showers, sinks and bathrooms. One pipe of cold water runs overhead to the boiler room to two hot water heaters. They are set to 148 degrees that go directly to the laundry area and the kitchen. Hot water is sent to mixer that keeps water to showers, resident bathrooms and bathrooms and employee bathrooms at 110 degrees. The therapy addition water that enters in the therapy office closet is sent to the water softener in the maintenance closet. Cold water is sent overhead to resident bathrooms, two employee bathrooms and two sinks in therapy area. Hot and cold water is also sent to the washer in therapy. Water heater is in the maintenance closet goes to a mixer that keeps the water at 110 degrees. III. Areas Where Legionella Could Grow and Spread The areas identified with the best conditions for the growth of Legionella are the dead-end branches. The document indicates the facility's fish tank has scheduled cleanings from an outside vendor, but then indicates the fish tank has a minimal or no risk of contracting Legionnaires. IV. Control Measures and Monitoring documents, Daily water temperatures and hot water heater checks will be made by the maintenance department to ensure everything is working as it should. These are done Monday-Friday. Water will be flushed through pipes in area that are not used very often on a schedule. Water management plan will be reviewed after any additions, or changes to the building. All residents with symptoms will be evaluated. V. Ways to Intervene When Control Limits Are Not Met In the event water management gets out of control, [NAME] Health Services will look to the experts for advice and come into the building to perform repairs or if something should need replacing.</p> <p>Surveyor noted the facility included a document in the WMP titled, [FACILITY NAME] EVACUATION PLAN layout. Surveyor notes on the facility layout, the facility marked water source incoming, dead end water, water heater, water softeners, and hot/cold water mixer.</p> <p>Surveyor noted the facility's description of water systems did not include ice machines, eye wash stations, or areas that have changed, such as the Social Service office is now the Maintenance office, and if those locations still have dead legs.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 12/18/2024 at 08:32 AM, Surveyor interviewed DM-D. Surveyor asked DM-D to explain the facility's WMP to Surveyor by walking through the facility's WMP documents. DM-D informed Surveyor the IP was not part of the WMP team. Surveyor asked DM-D if the facility has any dead legs in the facility. DM-D indicated to Surveyor that the facility no longer has dead legs. Surveyor showed DM-D the facility's document titled [FACILITY NAME] EVACUATION PLAN. DM-D informed Surveyor the document is the diagram of the facility's water systems. DM-D indicated the dead ends identified in the WMP need to be updated and the remaining dead legs are flushed every other month. DM-D indicated to Surveyor that a communication room located on the map was previously a shower room, and DM-D believes may have been capped. DM-D indicated to Surveyor that the Social Services office on the map needs to be updated to what is now the Maintenance office, which has two pipes with open and close valves that are capped. Surveyor asked DM-D to identify the WMP risk areas in the facility. DM-D indicated to Surveyor that the only identified risk for the WMP is in the kitchen, where the water is set to 148 degrees Fahrenheit (F). DM-D indicated the water temperature is hot there and there is a risk for burns. Surveyor noted there was no documentation of the water heater maintaining the set temperature, and Surveyor was not provided with the ranges in which the water heater is maintained. Surveyor asked DM-D to indicate where the risk areas for Legionella are located. DM-D indicated to Surveyor that the drains from the coffee machine and ice machine drain into the floor drain, so nothing can crawl or wash back up into those machines. DM-D indicated to Surveyor that daily water temperatures are obtained and documented for all resident rooms and areas where residents use the water. DM-D indicated all faucets and shower heads are flushed weekly, but no logs are kept. DM-D indicated the WMP flow map needs to be updated, and a few updated areas are missing on the map. Surveyor noted DM-D began adding to the map with a pen while speaking to Surveyor. Surveyor requested DM-D provide Surveyor with all logs associated with the WMP control measures. Surveyor was provided with the log for water temperature checks in resident rooms and therapy areas. Surveyor reviewed the temperature logs and noted water temperatures were documented for all resident rooms, therapy north sink, and therapy kitchen. DM-D indicated to Surveyor that the water heaters and dead legs are flushed monthly, but logs are not kept of the specific areas being flushed.</p> <p>On 12/18/2024 at 09:30 AM, Surveyor interviewed IP-C. IP-C informed Surveyor that IP-C is not part of the WMP and stated the WMP has members that include the NHA-A and DM-D.</p> <p>On 12/18/2024 at 03:10 PM, Surveyor interviewed NHA-A regarding concerns with the WMP. NHA-A informed Surveyor the flow chart for the WMP plan was currently being redone. NHA-A indicated that the WMP plan was not updated to reflect changes in WMP team members and did not include the current IP. Surveyor noted the facility's WMP did not have an identified risk assessment to indicate all areas where Legionellas could grow and spread. Surveyor noted the facility did not have identified control measures or acceptable ranges for control measures for all areas where Legionellas or other water borne pathogens could grow and spread.</p> <p>Enhanced Barrier Precautions (EBP)</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's policy titled Enhanced Barrier Precautions with a last review date of 08/08/2024, documents in part, .2. Initiation of Enhanced Barrier Precautions: a. The facility will have the discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently defined as a CDC-targeted or novel MDRO. B. An order for enhanced barrier precautions (in accordance with physician-approved standing orders) will be initiated for residents with any of the following: i. Wounds (eg., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (eg., central lines, peripherally inserted central catheters (PICCs), hemodialysis catheters, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO.</p> <p>2.) R13 was originally admitted to the facility on [DATE] with diagnoses including non-pressure chronic ulcer of right ankle, type 2 diabetes mellitus with foot ulcer, and non-pressure chronic ulcer of right ankle with an onset date of 11/05/2024.</p> <p>Surveyor reviewed the facility's document titled Order Summary report and noted R13 has treatment orders documenting, left great toe diabetic: cleanse with wound wash and pat dry f/b betadine daily . with an order date of 12/17/2024. Surveyor noted a treatment order documenting, umbilical OA (open area): wash with wound cleanser, pat dry, apply calcium alginate,cover with ABD (abdominal gauze pad) and tape daily and PRN (as needed) . with an order date of 12/13/2024.</p> <p>Surveyor reviewed [NAME] wound notes titled WOUND EVALUATION & MANAGEMENT SUMMARY dated 12/17/2024, which documents in part: R13's diabetic wound of the left posterior ankle resolved on 12/17/2024, diabetic wound of the left first toe full thickness, measuring 0.5 x 0.5 x 0.1 cm with 100% thick adherent black necrotic tissue, and abdominal wound. R13's abdomen wound is documented as etiology-fungal infection, measuring 0.4 x 0.5 x 0.1 cm with moderate serous exudate, 10% slough and 90% granulation.B. Plan/Treatment . 6. Additional interventions/plans: Seen by [doctor name] at bedside. Continue current treatment with calcium alginate and ABD daily and PRN. This area is scar tissue from surgical wound s/p (status post) hysterectomy a couple years ago. It opens at times. Large abdomen causing some MASD at times.</p> <p>On 12/17/2024 at 09:51 AM, Surveyor interviewed R13. R13 informed Surveyor that R13 has a pressure wound and a chronic wound and receives wound care treatments. Surveyor noted no EBP (enhanced barrier precautions) sign on R13's door and no Personal Protective Equipment (PPE) in or outside of R13's room for staff to wear when treating R13.</p> <p>On 12/18/2024 at 09:15 AM, Surveyor interviewed IP-C. IP-C informed Surveyor that EBP are used with residents if the resident has a catheter, invasive device, or chronic wound. IP-C informed Surveyor that standard precautions plus gown and gloves are expected with EBP.</p> <p>On 12/18/2024 at 10:56 AM, Surveyor observed wound care with Wound Nurse-E. Surveyor noted no EBP sign and no EBP PPE in room or outside of room. Surveyor observed Wound Nurse-E did not put on gown before performing wound care on R13.</p> <p>On 12/18/2024 at 02:50 PM, Wound Nurse-E informed Surveyor that R13 is not on EBP due to wound not being chronic.</p> <p>(continued on next page)</p>		

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